

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
19 / 381401

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	(1)					
5	(1)					
6	(1)					
7	(1)					
8	(1)					
9	(1)					
10	(1)					
11	(1)					
12	(1)					
13	(1)					
14	1					
15	1					
16	2					
17	2					
18	(1)					
19	(1)					
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21	1					
22	1					
23	2					
24	2					
25	2					
26	2					
27	2					
28	(1)					
29	(1)					
30	(1)					
31	1					
32	1					
33	1					
34	3					
35	(1)					
36	1					
37	1					
38	1					
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49						
50						
TOTAL IND.	18					
TOTAL DEP.	18					
TOTAL CLAIMS	18					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.								
TOTAL CLAIMS								